

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155632		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/14/2011	
NAME OF PROVIDER OR SUPPLIER  LODGE OF THE WABASH				STREET ADDRESS, CITY, STATE, ZIP CODE 723 E RAMSEY RD VINCENNES, IN47591			
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F0000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00092333 completed on 7/12/11.</p> <p>This visit was completed in conjunction with the Recertification and State Licensure Survey.</p> <p>Survey Dates: September 6, 7, 8, 9, 12, 13, 14, 2011</p> <p>Facility number: 001138 Provider number: 155632 AIM number: 200157070</p> <p>Survey team: Carole McDaniel RN TC Terri Walters RN Martha Saull RN (9/6, 7, 8, 12, 13, 14, 2011)</p> <p>Census bed type: SNF/NF: 55 Residential: 17 Total: 72</p> <p>Medicare: 5 Medicaid: 55 Other: 12 Total: 72</p> <p>Sample: 5</p>			F0000	<p>F0000Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Corretion is prepared and/or executed solely because it is required by the law. Submissions of this response and Plan of Correction is not a legal admission that a deficiency exists or that this State of Deficiency was correctly cited and is also not to be construed as an admission against interest of the facility, the HFA or any employees, agents or other individuals who draft or may be discussed in this response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. This Plan of Correction shall constittre this facility's credible allegation of compliance on or before October 14, 2011</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011

FORM APPROVED

OMB NO. 0938-0391

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	These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.  Quality review 9/20/11 by Suzanne Williams, RN						

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F0225 SS=D	<p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure an allegation was thoroughly investigated for 1 of 1 allegation of abuse reported in the sample of 5. Resident #8</p>			F0225	F225The facility does not employ individuals who have been found guilty of any form of mistreatment, nor does the facility employ any persons with negative findings on the nurse aide		10/14/2011

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	<p>Findings include:</p> <p>On 9/8/11 at 8:36 A.M., Resident #8 was interviewed. She indicated CNA #1 ignored her, and ignored her call light. Resident #8 indicated CNA #1 won't answer her questions or talk to her. Resident #8 indicated she did not know why. The resident indicated CNA #1 doesn't assist her in the dining room at meal times but continues to ignore her there also. Resident #8 indicated CNA #1 was very nice to other residents.</p> <p>On 9/8/11 at 9:30 A.M., the Administrator and the Director of Nursing (DON) were made aware of this allegation. At this time the facility indicated they would address the allegation.</p> <p>On 9/13/11 at 10:00 A.M., the facility allegation investigation report regarding the allegation of 9/8/11 was reviewed. This investigation included statements from Resident #8, CNA #1, the Assistant Director of Nursing (ADON), and 8 other residents at the facility. Documentation was lacking of other staff interviews except the ADON regarding this allegation.</p>				<p>registry. An all staff training on the abuse prohibition and reporting policy was conducted on September 23, 2011 regarding abuse practice of the facility. The unusual occurrence reporting to State and the facility abuse protocol was reviewed by the HFA, Director of Nursing and Business Office Manager on September 23, 2011 to include what to report, when to report and interviewing appropriate staff and residents. In accordance with facility policy and the law, the HFA or designee does report allegations within 24 hours of an incident as may be appropriate. The facility's abuse policy and reporting will be provided to staff at monthly meetings for six months. The resident right regarding abuse will be reviewed with residents during the monthly resident council meetings. No other resident voiced concerns regarding staff #1. The facility investigation into resident #8 complaint included interviews with residents and staff. In this case, the facility had sufficient information to make a reasonable and prudent decision regarding the disposition of this matter. Additional staff interviews did not appear to be warranted or necessary. The facility policy does not state that all persons will be interviewed. The policy indicates persons who may have knowledge of the incident may be interviewed. The facility shall</p>		

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	<p>On 9/13/11 at 1:45 P.M., during interview with Administrator, the Administrator was made aware of the lack of other staff interviewed for a thorough investigation. At this time the Administrator indicated she had interviewed some CNAs but didn't write it down.</p> <p>The facility's "Resident Safety Abuse Statement," last revision dated 1/11, was received and reviewed on 9/13/11 at 9:40 A.M. This policy included, but was not limited to: "....The Quality Assurance Manager and /or supervisor on duty will interview the residents as well as any nursing, housekeeping, laundry, dietary, activity, or social service staff, any visitors, or others who may have knowledge of the occurrence or who may have been in the vicinity at the time the incident happened...."</p> <p>This deficiency was cited on 7/12/11. The facility failed to implement a systemic plan of correction to prevent further recurrence.</p> <p>3.1-28(d)</p>				<p>conduct a reasonably thorough investigation as it did in this case. The policy does not require interviews with all persons as this is not reasonable or necessary in many cases. The facility social worker will meet with resident #8 one time per week for four weeks regarding staff relationships. The HFA will monitor compliance and report any negative findings to the Quality Assurance committee for six months.</p>		

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F0226 SS=D	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure the facility abuse policy was followed for 1 of 1 allegation of abuse reported in the sample of 5. Resident #8</p> <p>Findings include:</p> <p>On 9/8/11 at 8:36 A.M., Resident #8 was interviewed. She indicated CNA #1 ignored her, and ignored her call light. Resident #8 indicated CNA #1 won't answer her questions or talk to her. Resident #8 indicated she did not know why. The resident indicated CNA #1 doesn't assist her in the dining room at meal times but continues to ignore her there also. Resident #8 indicated CNA #1 was very nice to other residents.</p> <p>On 9/8/11 at 9:30 A.M., the Administrator and the Director of Nursing (DON) were made aware of this allegation. At this time the facility indicated they would address the allegation.</p> <p>On 9/13/11 at 10:00 A.M., the facility allegation investigation report regarding the allegation of 9/8/11 was</p>			F0226	<p>F226The facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect and abuse of residents. The facility does not employ individuals who have been found guilty of any form of mistreatment, nor does the facility employ any persons with negative findings on the nurse aide registry. An immediate investigation of this incident was conducted to include interviewing staff and residents. The employee was suspended per protocol pending investigation. There was no evidence of harm to the resident. The facility took immediate, prudent action and conducted an investigation into the complaint. The facility obtained sufficient information to make a reasonable and prudent decision regarding the disposition of this matter. Given the circumstances, the facility determined additional interviews were not necessary or warranted. In good faith, additional interviews were conducted and no additional information was obtained. In accordance with facility policy and the law, the HFA or designee will report allegations with 24 hours of an incident. The HFA will randomly question staff and residents during rounds twice per</p>		10/14/2011

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	further recurrence.  3.1-28(a)						